Candidate and Politic	al Committees'	IENI	PARIMER
REPORT OF RECEIPTS AN	ID DISBURSEME	NTS	EUEIVED
O H "Bukky" Shows	Jr.		FEB 0 5 2010 L
Candidate's Name C. H. "Bubby" Shows	10 201127	10 07	
Full Address Po Box 313, Ellisville, 1	15 57937	SE	LECTIONS DIVISION ECRETARY OF STATE
Telephone (601) 477-9225 (Fax)			DATESDAME
E-mail			
Office Sought Representative Politi	cal Party Democr	nt t	
Check here if above is different from previous report			
	OF REPORT		
January 29, 2010 Annual Report (January 1, 2009, thr	ough December 31, 200	0)	All Candidates and
January 29, 2010 Annual Report (January 1, 2009, tri	dagii December 31, 200	1	Political Committees
Termination Report (Candidate will no longer accept contraction expenditures and has no outstanding	ibutions or make campaig campaign debt obligation		d to terminate reporting ons
IMPOR	TANT		
 (1) Pre-Election reports are mandatory, even if no contributions shall submit a report indicating "0" (Zero) for total amount of the contribution of the contribution (2) Until a Candidate files a Termination Report, annual and per Ann. § 23-15-807 (b) (ii) and (iii). (3) The municipal clerk must be in actual receipt of the required on a weekend or a holiday, the office must be in actual receipt before the deadline. Faxed reports are acceptable. 	odic reports must still be	filed in acco	rdance with Miss. Code day. If the deadline falls
REPORTED CONTRIBU	TIONS AND DISBUR	SEMENTS	
(itemized + non-itemized	This Period		Calendar year-to-date
Total amount of contributions	\$ 1000.00	\$	1000 00
Total amount of disbursements	\$ 600.00	\$	600.00
Total amount of cash on hand	\$ 400.00		
I certify that I have examined this report and to the best of	my knowledge and belie 2 -	fit is true, a コープ	ccurate, and complete.
Signature of Carlordate Authority: Refer to Miss. Oode Ann. §23-15-801 (1972) et. seq. for statutory re Penalties: Failure to submit required reports, or failure to submit reports in a result in fines of \$50 per day and/or prosecution in accordance with Miss. Co	CCOLOGUES ANTO STATUTOR & SERVI	lines, or failure (1972).	to submit valid reports shall
SEND TO: 1.Candidates for statewide, state district, multi-co Secretary of State, Elections Division, P.O. Box 601-576-2819. 2. Candidates for countywide and county district	136, Jackson, MS 39205 or	tax to 601-355	9-1499 Of

Name of Candidate or	Comr	mittee C.l.	. "Bobby" Shows	Jr	Page	of	
Reporting period 01			through Ø /2/3				П

ITEMIZED DISBURSEMENTS

A. Full name		
Animal Rescue League	Date (Mo., Day, Year)	Amount of each disbursement this period
PO BOX 2071 City, State, Zip Code	11/01/09	s 100.00
El Laurel, MS 39442		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 100.00
Jac Alumni Assoc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 900 S Court St. Ellisville, MS 39437 City State 7th Code	12,14,09	
		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 500.00
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	5
City, State, Zip Code	_/_/_	s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	S period
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s
E. Full name	Date (Mo., Day, Year)	Amount of each
Mailing Address	//	disbursement this period \$
City, State, Zip Code		s
Purpose of Disbursement (Optional)	Aggregate	\$
F. Full name	Year-to-date Date (Mo., Day, Year)	Amount of each
Aailing Address		disbursement this period
City, State, Zip Code		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	s

Name of Candidate or Committee C. H. "Bobby" Show	s Ur.	
Reporting period 01/01/2009 through 12/31/2	IDTS	
A. Source: VCorporation PAC (Individual (Loan	Date (Mo., Day, Year)	Amount of each receipt
D Other (please specify)		this period
BNSF Railway Company	08/21/09	\$ 250.00
Mailing Address 3258 E Chestrut Express way		\$
Springfield, MO 65802-2540		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
B. Source: © Corporation PPAC © Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	09/21/09	\$ 500.00
AT T Mississippi PAC Mailing Address		S
175 E Capital St, Suite 702 City, State, Zip Code		\$
Jackson, MS 39201-2135 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation © PAC © Individual © Loan © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Georgia - Pacific	10,01,09	\$ 250.00
Mailing Aderess		\$
PO Boy 6/270 City, State, Zip Code A 7 85 8 7 - 12 7 9		\$
Phoenix, AZ 85082-1270 Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	250.00
D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	ii	\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate vear-to-date	S